

Case Number:	CM13-0065135		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2013
Decision Date:	05/20/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 21-year-old male with a date of injury of 07/26/2013. The listed diagnoses per [REDACTED] are: 1. Tendinitis/bursitis of the hand and wrist. 2. Metacarpophalangeal sprain/strain of the left thumb. According to report dated 11/06/2013, the patient presents with left thumb and left wrist and hand complaints. Examination of the wrist and hand reveals bilateral upper extremities were within normal limits for deep tendon reflexes dermatomes and myotomes. There were +3 spasms and tenderness noted to the right thenar eminence, right posterior extensor tendons, and right extensor pollicis muscle. Bracelet test was positive on the left. Froment's was positive on the left as well. The patient has completed 8 sessions of physical medicine but has reached a plateau in his recovery. The treater is requesting authorization for 10 work hardening sessions for his left hand and wrist, an FCE has been completed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

WORK HARDENING 10 VISITS TO THE LEFT THUMB,HAND AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON CRITERIA FOR A WORK HARDENING PROGRAM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON WORK CONDITIONING, WORK HARDENING Page(s): 125.

Decision rationale: This patient presents with continued complaints of the left thumb, wrist, and hand. The treater is requesting authorization for 10 work hardening sessions for his left thumb, hand, and wrist. MTUS Guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of Physical Therapy with improvement followed by plateau, non surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. Recommendation is for denial.